

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
100 East 63rd. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **24 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **100 East 63rd Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11th**
year **1941** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from
May 4th, 19**41**, to **May 10th**, 19**41**;
that I last saw her alive on **May 10th 5 P.M.**, 19**41**,
and that death occurred on the date and hour stated above.
Immediate cause of death **Pneumonia, lobar** **Disposit**
7 Day

Due to **Banthergic Encephalitis**
over a period of 4 years.
Due to **Flue - 1937.**

Other conditions
(Include pregnancy within 3 months of death)

Major findings: **no**
Of operations **no**
Of autopsy **no** **270**
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury **6**

23. Signature **G.M.M. Callum** (M. D. or other)
Address **807 Argyle** Date signed **5-12-41**

3. (a) PRINT FULL NAME **Miss Margaret Frances Nelson**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **485-85-1546**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **(Single)**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **October 18 1916**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
24 **6** **24** hr. min.

9. Birthplace **Kansas City Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stenographer-Formerly with Long-Bell Lumber Co.**

11. Industry or business _____

12. Name **Frank A. Nelson**

13. Birthplace **Sweden**
(City, town, or county) (State or foreign country)

14. Maiden name **Ruth B. Allen**

15. Birthplace **Sedalia Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. A. Nelson**

(b) Address **100 East 63rd. Street**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 13, 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D. J. Turcotte, D.D.**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **May 12, 1941** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

K.C. F.M. McCallum
807 Argyle Bldg.
11-13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed George M. Collier
Licensed Embalmer No. 3839
P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.